Under the Paperwork Reduction Ac	of 1995, no person ere n	equired to	respond to e collectio	n of informatio	n unless it display	e valid OM	3 control number
Effective on 12	Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number		10/518,926-Conf. #7260		
FEE TRANSMITTAL			Filing Date De		December 23, 2004		
For FY 2008			First Named Inventor Makoto ISHIK		AWA		
FOI F1 2008			Examiner Name T. J. Kuge				
Applicant claims small entity status. See 37 CFR 1,27			Art Unit 1712				•
TOTAL AMOUNT OF PAYMENT (\$) 460.00			Attorney Docket No. 1422-0655P			31	
METHOD OF PAYMENT (che	ck all that apply)						
Check Credit Card	Money Order	No	ne Other (please identify):		
X Deposit Account Deposit Acco	int Number: 02	2448	Deposit /	Account Name:	Birch, Stewart	Kolasch 8	Birch, LLP
For the above-identified d	eposit account, the D	Director is	hereby authorize	d to: (check	(all that apply)		
x Charge fee(s) indica					cated below, e:	cept for t	the filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION	1,10 and 1,11						
1. BASIC FILING, SEARCH, AND	EXAMINATION FE	ES					
	FILING FEES	SE	ARCH FEES	EXAMIN	ATION FEES		
Application Type Fee	(\$) Small Entity	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fooe	Paid (\$)
Utility 3:		510	255	210	105	, , , ,	7 4.4 (4)
Design 2		100	50	130	65		
Plant 2		310	155	160	80		
Reissue 3		510	255	620	310		
Provisional 2		0	0	020	0		
2. EXCESS CLAIM FEES	.0 103	U	U	v	v		Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (in	icluding Reissues)					210	105
Multiple dependent claims						370	185
			Pald (\$)	_	Itiple Depende		
HP = highest number of total claims paid	X			Fee	(\$)	Fee Paid (<u>\$}</u>
			Paid (\$)	_			_
Indep. Claims Extra Claims	Fee (\$)	ree i	-aid (\$)				
HP = highest number of independent cis	Ima paid for if greater the	n 3					
3. APPLICATION SIZE FEE If the specification and drawings listings under 37 CFR 1.52(e)	exceed 100 sheets of	of paper ze fee du	e is \$260 (\$130 f				0
sheets or fraction thereof. Se							
Total Sheets Extra Sh			dditional 50 or frac		Fee (\$)	Fee	Paid (\$)
- 100 =	/50 =		(round up to a who	le number) x		-	
4. OTHER FEE(S)	120 6 (11	سند سند				Fees	Paid (\$)
Non-English Specification, \$130 fec (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month							00.00
	c): 1252 Extensio	n tot tet	sponse Within Se	cond mor	IUI	4	60.00
SUBMITTED BY	0 10 -	- 36/1	Registration No.				
Signeture A		४३४।	(Attorney/Agent)	28,977	Telephone	(703) 20	
Name (Print/Type) Gerald M. Mur	ohy, Jf.				Date	January:	31, 2008